Bullock Co. Corrections (INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: // CARD // RIGHT AIS NO: // SIT COMMENTS*  DATE & TIME RECEIVED: // 3/04 // FAX.  DATE SHIFT B D S SH EXERCISE WEDICAL PSYCH COMMENTS*  DATE SHIFT B D S SH EXERCISE VISIT VISIT COMMENTS*  DATE SHIFT B S D S SH EXERCISE VISIT VISIT COMMENTS*  DATE SHIFT B S D S SH EXERCISE VISIT VISIT COMMENTS*  DATE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	× 21.											
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Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive: Meals/ SH: Shower-Yes (Y); No (N); Refused (R) TO BE PHOTO COPE

Exercise: Enter Actual Time Period and Inside of

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Exhibit One(1)

## Bullock Co. Corrections (INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

		1	D	.1	1	11	1		اه		
INMAT	INMATE NAME: Kichard Wright								AIS NO: 18187140 CELL: # H		
VIOLA OR RI	VIOLATION #13								ADMITTANCE		
DATE & TIME								AUTHORIZED BY: Lt. Babers			
	RECEIVED: 113 04 10:40 PM							DATE & TIME			
PERTINENT							RELEASED:				
INFORMATION:											
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Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional and include date, signature, and time.

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Exhibit Une (1)

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